

POSITION	ID NO.	DATE
CLASSIFIER	699	10/4/95
EXAMINER	699	10-10
TYPIST	350	11/7/96
VERIFIER	291	1-17-96
CORPS CORR.		
SPEC. HAND	41	1-5-96
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	✓	10/4/95
2			10/4/95
3			10/4/95
4			10/4/95
5			10/4/95
6			10/4/95
7			10/4/95
8			10/4/95
9			10/4/95
10			10/4/95
11			10/4/95
12			10/4/95
13	✓	✓	10/4/95
14	✓	✓	10/4/95
15	0	0	=
16	0	0	=
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22			
23			
24			
25	✓	✓	=
26	0	0	=
27	0	0	=
28	0	0	=
29	✓	✓	=
30			
31			
32			
33	✓	✓	
34	0	0	=
35	0	0	=
36	0	0	=
37	✓	✓	
38	✓	✓	
39	✓	✓	
40			
41			
42			
43	✓	✓	=
44			
45			
46			
47	✓	✓	=
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Cancelled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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